



## Instructions for Application Form

The SeniorCare application form is only for persons applying for the SeniorCare Prescription Drug Program. This is not an application for any other benefit program.

For help with this form, contact the  
**SeniorCare Customer Service Hotline at 1-800-657-2038**  
(TTY and translation services available).

Help may also be available at your local aging office, Senior Center or aging resource center. Information is available on the Department of Health and Family Services website at:

<http://www.dhfs.state.wi.us/seniorcare/index.htm>.

## IMPORTANT INFORMATION

- Your application date is the date the completed and signed application form is received by the SeniorCare program. A decision on your SeniorCare eligibility will be mailed to you within 4-6 weeks. Incomplete or unsigned applications will not be processed and will be returned to you.
- Enclose the \$30 enrollment fee for each applicant (\$60 if you and your spouse are both requesting SeniorCare). Your eligibility begin date may be delayed if your enrollment fee is not received at the time of your application. If you are not found eligible for SeniorCare, your enrollment fee will be returned within 6-8 weeks.
- Complete, sign and mail the application form with the enrollment fee to the address on the form.

## HOW TO USE THIS FORM

1. Print CLEARLY using CAPITAL letters. Use ONLY blue or black ink. Shade in the circles next to the appropriate answers by coloring in the circles completely.

Shade circles like this →  Not like this →  or 

2. Complete both sides of the application and submit the appropriate enrollment fee. If your application is not complete or correct, a SeniorCare Customer Service Representative may contact you for more information. This may cause a delay in the processing of your SeniorCare application.
3. Provide information on the application form for you and your spouse (if you have a spouse living in your household). **Do not** include information about other persons in your household.
4. If you wish to authorize a representative to apply for you, contact the SeniorCare Customer Service Hotline at **1-800-657-2038**. The appropriate form and information will be mailed to you.
5. Do not write in "Office Use Only" section on page 2. Do not make any marks outside the circles and boxes provided for information.

**Request Indicator at the Top of the Form - New Application/Add Spouse/Re-Application**

(Shade one circle only):

- New Application – Shade in this circle if you or your spouse are not currently receiving SeniorCare and this is your first or a new request for SeniorCare.
- Add Spouse – Shade in this circle if you are enrolled in SeniorCare and are now making a new request to have your spouse’s eligibility determined for SeniorCare. (It is not necessary to shade in this circle when you and your spouse are making your first request at the same time.)
- Re-Application (Special Circumstances)  
Shade in this circle if you and/or your spouse have had an event that changes information you reported when you first applied. Your eligibility will be based on the new information you are providing and a new 12-month benefit period will be established. Such events may include:
  - Marriage or divorce.
  - Income decreases.
  - Spouse now living in household.
  - Spouse now NOT living in household.

Note: A new enrollment fee is required for re-applications for each applicant.

**SECTION I AND II – Applicant and Spouse Information** - SeniorCare eligibility will be based on your income and your spouse’s income, if your spouse lives with you. If your spouse lives with you, complete the parts of the application form for you **and** your spouse, even if your spouse is not requesting SeniorCare. **Remember: The “Spouse Information” portion of the application form needs to be completed only if your spouse lives with you.** Income of other members of your household is not counted for SeniorCare.

### **Requesting SeniorCare**

Shade in the “Yes” circle if you are requesting SeniorCare or the “No” circle if you are not. Shade in the “Yes” circle if your spouse is requesting SeniorCare or the “No” circle if your spouse is not.

### **Wisconsin Resident**

Shade in the “Yes” if you are a Wisconsin resident or the “No” if you are not. Shade in the “Yes” if your spouse is a Wisconsin resident or the “No” if your spouse is not. Eligibility for SeniorCare is possible even if you are temporarily living outside the State of Wisconsin if:

- You have a permanent residence in Wisconsin,
- You are considered a Wisconsin resident for tax purposes, or
- You are a registered voter in Wisconsin.

### **U.S. Citizen**

Shade in the “Yes” if you are a U.S. citizen or the “No” if you are not. Shade in the “Yes” if your spouse is a U.S. citizen or the “No” if your spouse is not. If you have shaded in the “No” for yourself or your spouse, additional information may be required.

### **Gender**

Shade in the circle for Male or Female.

### **Race (Optional)**

Shade in the circle that best describes race or ethnic origin of you and your spouse. This information is voluntary and will not be used to determine eligibility.

- **American Indian/Alaskan Native**

- **White** = White, not of Hispanic origin
- **Hawaiian/Other Pacific Islander**
- **Asian** = Japanese, Chinese, Korean, Indian, Pakistani, Sri Lankan, Bangladeshi, Tibetan, Nepali, Bhutan, Afghanistan, Turkestan, Hmong, Lao, Vietnamese, Khmer, Thai, Burmese, Indonesian, Malaysian, Filipino
- **Black/African American**
- **Hispanic Ethnicity** = Hispanic/Latino origin regardless of race

### **Marital Status**

Shade in the circle next to your current marital status. If you are married or separated, shade in the circle next to “Living with Spouse” (if your spouse lives with you) or “Not Living with Spouse” (if your spouse does not live with you).

### **Name**

Print the last name, first name and middle initial, for you and your spouse.

### **Birth Date**

Enter the birth date of you and your spouse. When entering a birth date, use the number for the month, day and year. For example, February 23, 1912 should be entered as:

0	2	/	2	3	/	1	9	1	2
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### **Social Security Number**

Enter your Social Security Number (SSN) and your spouse’s if you are both applying for SeniorCare. If your spouse is not applying for SeniorCare, you are not required to enter your spouse’s SSN.

The SSN and other personally identifiable information are required by sections 49.688 and 49.82(2) of the Wisconsin Statutes. Failure to supply the information may result in denial of your application for benefits. The information will be used only for administration of the SeniorCare Program.

In addition, the Department will match your name and SSN with a file provided by health insurance carriers to determine if you have other insurance. If you have a health insurance plan, SeniorCare will coordinate benefit coverage with your plan.

### SECTION III – Mailing Address

#### **Address**

Print the address of where you would like information regarding your SeniorCare eligibility to be sent. This may be your current address OR the current address of your representative, legal guardian, or power of attorney.

#### **Telephone Number**

Print the 10-digit telephone number (including area code) for yourself or your representative, legal guardian or power of attorney, if she or he has signed the application form on your behalf.

#### **Address Is**

Shade in the circle that indicates if the address in the Mailing Address Section is your residence, different than your residence, or the address of your representative, legal guardian or power of attorney.

SECTION IV – Expected Annual Income - SeniorCare eligibility is based on your income and your spouse’s income if you have a spouse who lives with you. Enter anticipated income amounts for the next 12-month

period. **Do not** enter monthly amounts.

If you or your spouse receive Supplemental Security Income (SSI), do not include the income of the person receiving SSI in the calculations. SSI is a federal income supplement program that is designed to help aged, blind, and disabled persons who have little or no income. It provides cash to meet basic needs for food, clothing, shelter, and provides coverage for medical expenses.

Provide your best estimate for each of the following types of income (round to nearest dollar). A worksheet is included at the end of these instructions to assist you in calculating your income to enter on the application form.

**Gross Social Security** (Estimated 12-month total)

Enter expected annual gross Social Security payments for both you and your spouse, including Medicare premiums if they are withheld from your benefit check or any Electronic Fund Transfers.

**Gross Wages** (Estimated 12-month total)

Enter estimated annual gross salary, wages, bonuses, and commissions (do not include self-employment or partnership earnings here) received from work for both you and your spouse. Enter the amount before any deductions are taken out of your earnings. You may use your tax return or W-2 form from last year to estimate your earnings considering whether or not you expect to work the same amount, more, or less in the next 12 months. **Do not** use your adjusted gross income.

**Interest and Dividends and Capital Gains** (Estimated 12-month total)

Enter estimated annual interest, dividends and capital gains for both you and your spouse. You must include amounts that are earned even if you do not receive that income. For example, Certificate of Deposit (CD) interest earned and rolled directly back into the CD principal should be included.

**Net Self-Employment Income** (Estimated 12-month total)

Enter estimated net annual self-employment income for both you and your spouse. Self-employment includes farming or a business that you or your spouse owns solely or with others. Deduct your business costs, business losses, depreciation on business assets and any other deductions the IRS allows you to take on your self-employment income. You may look at your taxes from last year to get an idea of what you earned and what you were allowed to deduct.

**Retirement Income** (Estimated 12-month total)

Enter estimated annual gross pensions, Veteran's and Railroad Retirement benefits, taxable portion of Individual Retirement Accounts (IRAs) and annuities for both you and your spouse that provide regular periodic payments

**Other Income** (Estimated 12-month total)

Enter all other expected annual income for you and your spouse. Other income includes: cash assistance such as, Unemployment or Workers' Compensation, maintenance payments, support money, and rental income minus operating expenses. Do not include income from SSI.

**DO NOT INCLUDE** any income you may receive from any of the sources listed below:

- SSI (Supplemental Security Income).
- Major disaster and emergency assistance payments.
- Payments from an Individual Development Account.
- Reimbursements you receive from expenses incurred either while you worked as a volunteer or for expenses for your job or training.

- Claims settlement payments approved by federal law for Native Americans.
- Income or benefits from some special programs including:
  - ❑ Homestead Tax Credit.
  - ❑ Low income energy assistance and emergency fuel assistance programs.
  - ❑ Community service programs such as Retired Senior Volunteer program, Service Corporation of Retired Executives, and Volunteers in Service to America.
  - ❑ Government subsidy programs for rent, housing or food.
  - ❑ Federal Emergency Management Assistance (FEMA).
  - ❑ Agent Orange Settlement Funds.
  - ❑ The Foster Grandparents Program.

Other similar kinds of income may be excluded. If you have questions, contact the SeniorCare Customer Service Hotline 1-800-657-2038.

**Grand Total (Optional - Estimated 12-month total) (Optional)**

You may enter the grand total of amounts from all income here, but it is not required. If you do not enter the grand total, it will be calculated for you when the form is received by the SeniorCare Program.

**SECTION V - Signature**

**Signature of Applicant or Representative**

The applicant or applicant's representative must sign the application form. If you wish to authorize a representative to apply for you, contact the SeniorCare Customer Service Hotline at 1-800-657-2038. The appropriate form and information will be mailed to you. If you are a representative, legal guardian or power of attorney who has completed this application form on behalf of someone else, you must sign in the space provided. **Forms without a signature will not be processed and will be returned to you.**

**Printed Name**

Print the name of the person who has signed the application.

**Signature Of**

Shade the circle next to the description of the person who signed on the Signature of Applicant or Authorized Representative line.

**Signature – Witness 1 and Witness 2**

Two witness signatures are required only if the applicant's signature is made with a mark (X).

**SECTION VI – Enrollment Fee**

**If the correct enrollment fee is not enclosed with this form, your SeniorCare eligibility may be denied or delayed.**

**Enrollment Fee Enclosed**

Shade in the \$30 circle if only one person is applying. Shade in the \$60 circle if you and your spouse are both applying for SeniorCare. Enclose the correct dollar amount with the completed application. Payment may be made by money order, cashier's check or personal check payable to "**State of Wisconsin**". The check or money order must also include your name and SSN and the SSN of your spouse if your spouse is also applying for SeniorCare. If the name of the applicant does not appear on the payment, write the applicant's name and SSN on the check or money order. **DO NOT INCLUDE CASH.** If you are determined not eligible for SeniorCare, your enrollment fee will be returned within 6-8 weeks.

## YOUR RIGHTS AND RESPONSIBILITIES

Changes such as death, mailing address, change in permanent residence outside of Wisconsin, and household composition changes (marriage/divorce/separation) that affect you and/or your spouse should be reported to the SeniorCare Customer Service Hotline at 1-800-657-2038 within 10 days.

By signing your name or by signature of a person signing on your behalf, you agree that information given by you or your representative is true and correct. You and your representative are responsible for incorrect information or errors. Good faith estimates will not be penalized as long as there is no intent to provide misleading, fraudulent, omitted or incomplete information. Penalties for providing fraudulent information could be a fine of not more than \$10,000 or imprisonment of not more than one year, or both.

Your signature on the application (Section V on this form) means that you authorize the Wisconsin Department of Health and Family Services to request any additional information that is appropriate and necessary for the proper administration of the SeniorCare Program.

You have the right to request a Fair Hearing if you do not agree with any action taken concerning your application or ongoing benefits. You may request a Fair Hearing by writing to:

Wisconsin Department of Administration  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY. All translation services are free of charge.

To file a complaint of discrimination, contact:

Wisconsin Department of Health and Family Services  
Affirmative Action and Civil Rights Compliance Office  
1 W. Wilson Street, Room 561  
P.O. Box 7850  
Madison, WI 53707-7850  
Telephone (608) 266-9372 (Voice) or (608) 266-2555 (TTY) or FAX (608)267-2147

## CHECKLIST

- ☐ Is the application complete?
- ☐ Did you sign or have your representative, legal guardian or power of attorney sign the application?
- ☐ Did you enclose your enrollment fee? (\$30 for one person; \$60 if you and your spouse are applying)
- ☐ Did you remember to write your SSN and/or your spouse's SSN on your check or money order for the enrollment fee?
- ☐ Did you read the Rights and Responsibilities section?
- ☐ Send the application form to:

SeniorCare  
P.O. Box 6710  
Madison, WI 53716-0710

### Example Income Calculation Worksheet (Optional)

This worksheet is to assist you in calculating the income values to enter on the SeniorCare Application. This worksheet is yours to keep. **Do not** send this worksheet in with the SeniorCare Application. All income fields must be filled in on the SeniorCare Application. A zero must be entered on the SeniorCare Application if that type of income is zero. Enter whole dollar amounts, no cents. See Section IV of these instructions for descriptions of the income types.

Gross Social Security	Applicant	Spouse
1. Monthly Social Security amount: (include Electronic Fund Transfers)	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
2. Medicare Part B premium (if withheld from your check)	+ \$ _____ x 12 months = _____	+ \$ _____ x 12 months = _____
<b>TOTAL</b> Gross Social Security	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
Gross Wages	Applicant	Spouse
1. Estimated monthly earnings. Use gross amounts shown on your wage statements (amounts before taxes and deductions).	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
2. Repeat for all types of earnings you receive.	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
	+ \$ _____ x 12 months = _____	+ \$ _____ x 12 months = _____
<b>TOTAL</b> Gross Wages	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
Interest Dividends and Capital Gains	Applicant	Spouse
1. Amount of interest dividend and capital gains you receive times the frequency with which you receive payments during the year.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
2. Add amounts withheld from the payments such as taxes.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
Repeat for all types of interest dividends and capital gains you receive.	+ \$ _____ x _____ = _____ frequency	+ \$ _____ x _____ = _____ frequency
<b>TOTAL</b> Interest Dividends and Capital Gains	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency

Net Self-Employment Income	Applicant	Spouse
1. Estimated net monthly self-employment or partnership income.	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
2. Repeat for all types of self-employment or partnership income you receive.	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
	+ \$ _____ x 12 months = _____	+ \$ _____ x 12 months = _____
<b>TOTAL Net Self-Employment Income</b>	\$ _____ x 12 months = _____	\$ _____ x 12 months = _____
Retirement Income	Applicant	Spouse
1. Retirement income you receive times the frequency with which you receive that income.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
2. Add amount withheld from your income such as taxes or insurance premiums.	+ \$ _____ x _____ = _____ frequency	+ \$ _____ x _____ = _____ frequency
<b>TOTAL Retirement Income</b>	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
Other Income	Applicant	Spouse
1. Other income you receive times the frequency with which you receive that income.	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
2. Add amount withheld from your income such as taxes or insurance premiums.	+ \$ _____ x _____ = _____ frequency	+ \$ _____ x _____ = _____ frequency
<b>TOTAL Other Income</b>	\$ _____ x _____ = _____ frequency	\$ _____ x _____ = _____ frequency
<b>GRAND TOTAL (Optional)</b>	Applicant	Spouse
Add all totals. Round income to the nearest dollar.	\$ _____	\$ _____